

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: ACTIVATION AND EXPANSION OF CELLS

Attorney Docket Number:: 980034.417C5

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 52

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ronald
Middle Name:: J.
Family Name:: Berenson
Name Suffix::
City of Residence:: Mercer Island
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: P.O. Box 1597
City of mailing address:: Mercer Island
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98040

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Che
Middle Name::
Family Name:: Law
Name Suffix::
City of Residence:: Shoreline
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 18834 Fremont Avenue North

City of mailing address:: Shoreline
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98133

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name::
Family Name:: Bonyhadi
Name Suffix::
City of Residence:: Issaquah
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 27187 Southeast 27th Street
City of mailing address:: Issaquah
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98029

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Narinder
Middle Name::
Family Name:: Saund

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 919 Northwest 122nd Street

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98177

Fifth Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: Stewart

Middle Name::

Family Name:: Craig

Name Suffix::

City of Residence:: Issaquah

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 1789 267th Court Southeast

City of mailing address:: Issaquah

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98029

Sixth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alan
Middle Name::
Family Name:: Hardwick
Name Suffix::
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 6212 Atlas Place Southwest
City of mailing address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98104

Seventh Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dale
Middle Name::
Family Name:: Kalamasz
Name Suffix::
City of Residence:: Redmond
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 12045 184th Avenue Northeast

City of mailing address:: Redmond
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98052

Eighth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: McMillen
Name Suffix::
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 2712 57th Avenue Southwest
City of mailing address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98116

Tenth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Harjinder
Middle Name:: Singh
Family Name:: Chana

Name Suffix::

City of Residence:: Issaquah

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 5285 236th Place Southeast

City of mailing address:: Issaquah

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98029

Correspondence InformationCorrespondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		00500
----------------------------------	--	--------------

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/350,305	01/22/03
10/350,305	Continuation-in-part of	10/187,467	06/28/02
10/187,467	Continuation-in-part of	10/133,236	04/26/02
10/133,236	Continuation-in-part of	09/960,264	09/20/01
09/960,264	Continuation-in-part of	09/794,230	02/26/01
09/794,230	An application claiming the benefit under 35 USC 119(e)	60/184,788	02/24/00

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
09/794,230	An application claiming the benefit under 35 USC 119(e)	60/249,902	11/17/00

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	XCYTE Therapies, Inc.
Street of mailing address::	1124 Columbia Street Suite 130
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98104